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COMMENTARY

Wang and colleagues have reported their experience with 42 patients with T4 epidermoid carcinoma of the esophagus treated in a five year interval. Patients were divided into Group I, who received no specific anti-tumor therapy plus or minus a feeding jejunostomy or intubation. Group II, received subtotal esophagectomy with incomplete tumor resection, and no perioperative adjuvant therapy. Group III, received a bypass procedure without tumor resection and some had postoperative radiotherapy. Group IV, received nutritional support and radiation or concurrent chemo-radiation. Group V received a subtotal debulking esophagectomy followed by aggressive concurrent chemoradiotherapy. Although the authors report no significant differences in various parameters among the groups, it is difficult to disprove the existence of a selec-

tion bias in which four groups of patients receive some treatment and one (Group I) received no anti-tumor therapy and treatment. Esophagectomy or bypass procedures among these patients was accompanied by a 25% mortality and a 45.8% complication rate. The mortality related to toxicity of adjuvant therapy was over 20%. The only group with a statistically significant improvement in survival compared to the other four groups was Group V. The material and methods section does not mention how or if Group V patients had reestablishment of gastrointestinal tract continuity but the results section indicates that some did receive bypass or reconstructive surgery.

The results of aggressive treatment administered to the Group V patients is statistically significant compared to those treated in other ways and, of course, better than those who received no anti-tumor treatment (Group I patients). It has been previously pointed out that statistically significant differences in small studies with unclear criteria for inclusion (or exclusion) in the superior treatment group vs. others may be explained by selection bias rather than by a truly superior treatment [1]. We look forward to future studies of Dr. Wang and colleagues comparing Group V patients with a single control group treated in a cost efficient fashion. It is noteworthy that the survival of patients in Groups I through IV is no better than that provided by a single treatment of high dose rate radiation [2]. This treatment administered 1,250 cGy in one fraction to a depth of 1 cm. This dose is delivered by a remote afterloader using an Iridium-192 source. Total treatment is accomplished in less than one half an hour in one day compared with weeks of treatment required for the authors' Groups II through IV.

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